



### OPHTHALMOLOGY GUIDELINES

DX	Primary Rx	Ophthalmology Referral* *Unless emergent, conduct collegial review.
<b>Refraction Needs</b>	Refer to eye clinic if visual acuity is 20/40 or less in the worse eye	N/A
<b>Conjunctivitis – viral</b>	Cold compress, hand washing Optometry clinic referral if greater than 1 week duration (no antibiotics indicated)	If worsening despite treatment, or greater than 3 weeks duration
<b>Conjunctivitis with Increased IOP</b>	Urgent referral to optometry clinic Increased IOP	If pressure remains elevated despite therapy
<b>Corneal abrasion</b>	Rule out foreign body by fluoresceine Polysporin or equivalent	Rarely needed
<b>Corneal ulcer</b>	Urgent referral to optometry clinic	If no improvement with on-site care
<b>Diabetes mellitus</b>	Optometry clinic referral on diagnosis + yearly on all patients. Stress tight glycemic control, target HbA1c less than 7.0	For proliferative retinopathy
<b>Pterygium</b>	If less than 2.5 mm onto cornea, check visual acuity and monitor every 3 months.	If greater than 2.5 mm onto cornea and affecting visual acuity
<b>Cataracts</b>	Check visual acuity; if best corrected is worse than 20/40; evaluate every 3 months. Check co-morbid factors, ocular dominance, impact on ADL's	If best corrected binocular visual acuity is 20/60 or worse, see Wexford position statement on cataract extraction.
<b>Chalazion</b>	Warm compress and gentle massage.	If persists more than 8 weeks and has not responded to warm compress therapy.
<b>Post-surgery Ocular Conformer</b>	Wexford will consider the need for ocular conformer for enucleated patients on a case-by-case basis. Issuance of a prosthetic eye is cosmetic and not medically necessary.	



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## THE MANAGEMENT OF CATARACTS

A *cataract* may be defined as any opacity of the ocular lens that may or may not be associated with visual problems and manifests as an obstruction of the red orange reflex on funduscopy. Cataract is the leading cause of blindness worldwide and remains an important cause of blindness and visual impairment in the United States. Cataract may be congenital or acquired.

The following is a list of the most common risk factors for the development of acquired cataract:

- Diabetes mellitus and high glucose levels
- Regular corticosteroid use (both systemic and inhaled)
- Advancing age (multifactorial)
- Female sex
- Truncal obesity
- African-American race
- Over-exposure to ultraviolet radiation
- Excessive consumption of alcohol
- Smoking

Not all cataracts are symptomatic. The symptoms of cataract involve diminished or altered vision:

- Blurred vision, double vision, ghost images, the impression of a "film" over the eyes
- Glare
- The need for frequent changes of eyeglass prescriptions, which may not improve vision

Most individuals have one *dominant* eye. Our dominant eye is the eye that most efficiently views distance objects. Greater than 90% of the vision we require for our activities of daily living involves our dominant eye.

Based upon the current medical literature regarding generally accepted indications for cataract removal, including subjective symptomatology, objective reproducible clinical findings and the presence of co-existing conditions, it is Wexford's position that:

- Consideration of cataract surgery is indicated when maximally corrected binocular Snellen visual acuity is 20/60 or worse in the dominant eye and such surgery offers a reasonable likelihood of improvement in visual function
- Consideration of cataract surgery is indicated when the lens opacity inhibits optimal management of posterior segment ocular disease or the lens causes inflammation, angle closure, or medically unmanageable open-angle glaucoma
- Consideration of surgery for visually impairing cataract is **not indicated** if:
  - The patient does not desire surgery
  - Maximally corrected binocular Snellen visual acuity is 20/50 or better
  - Surgery will not likely improve visual function
  - The patient is able to satisfactorily carry out his or her activities of daily living with or without changes in eyeglasses, lighting, or other non-operative means

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- The patient cannot safely undergo surgery because of co-existing medical or ocular conditions
- Appropriate postoperative care cannot be arranged.

\* *Activities of daily living* refer to those functions or activities which are performed by individuals without assistance, thus allowing for personal independence in everyday living. They include eating, bathing, dressing, toileting, transferring, and continence.

***Decisions regarding patient suitability for consideration of cataract surgery must be made on a case-by-case basis. These recommendations are intended only as a guide for the site physician and are not intended to replace hands-on clinical judgment.***

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